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STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 2 0 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)Amy B	radley, Sam Levy, Jasmine Near	s-Biesinger, Sarah Higginbott	DEPARTMENT ham
II. Name of lobbyist's partnersl	uip, firm or corporation, if any	:	
Everytown for Gun Safety Action	n Fund		
(Name of partner	ship, firm or corporation)	···	
PO Box 4184	New York	NY	10163
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(646) 324-8250	(917) 410-6932	e-mail lobbyreg@e	everytown.org
(Telephone)	(Fax)		
III. This statement covers: (Choreportable expense transactions	which are not attributable to	any one client).	
▼ All reportable transactions oc	curring in the months prior to the	e reporting date relative to the	following client:
Everytown for Gun Safety Actio	n Fund		
	of Client as it appears on the Lobb	yist Registration Form)	
OR ☐ All reportable transactions by unrelated to any particular client.	the lobbyist (including the lobby	ist's family), or the lobbying	firm listed below which are
	2017 of registration to 3/31/17	July 26, 2017	
	25, 2017	January 31, 2018 [] activity from 10/1/17 to 12/31/1	17
V. There have been no fees re. If this box is checked, complete ju Concord, NH 03301.			
VL Check if additional reports	are attached:		
If you have received fees or n		Addendum A- Fees and Exp	penses
	m or reimbursed expenses, you		
☐ If you, your firm, or your fam	ily has made political contributi	ons, you must file Addendun	n C- Political Contributions
Sworn Statement/Affirmation b I have read RSA 15, RSA 15-B, R and complete to the best of my kn (Signature of lobbyist)	SA 14-C and RSA 664 and here	by swear or affirm that the fo	oregoing information is true
Savah T. Higginle (Print Name of lobbyist)	otham		

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)Amy Bradley, Sam Levy, Jasmine Nears-Biesinger,	Sarah Higginbotham			
II. Name of lobbyist's partnership, firm or corporation, if any:				
Everytown for Gun Safety Action Fund				
(Name of partnership, firm or corporation)				
III. Name of ClientEverytown for Gun Safety Action Fund	Date 4/26/17			
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services			
a) Total of all fees received in this reporting period	a) \$64,049.65			
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ ear)			
c) Total of all fees received to date (Add lines a and b)	c) \$ _64,049.65			
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0.00</u>			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50 restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 8,543.15			
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$			
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ _55,506.50			

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>64,049.65</u>
	e) \$ 0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ 64,049.65
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Demers, Blaisdell & Prasol Inc.	\$_21,450.00
Chong + Koster LLC	\$ 23,438.00
Hypotenuse Survey USA	\$ 7,200.00
Winning Connections, Inc.	\$ 3,418.50
	\$
	\$
•••••	****
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Saulo Pacoh	4/24/17
(Signature of loobyist)	(Date)
Sarah J. Hogginbotham	
(Print Name of lobby ist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irma	tion	by L	obbyist
Statem	ent of	Income	and	Expe	nses	for:

Name of Lobbying partr	ership, firm, or corpor	ation: Everytown for Gun S	afety Action Fund	
Name of Client (leave b	lank if Statement is for	the partnership, firm, or	corporation and not related to any	
particular client): Everyt	town for Gun Safety Actio	on Fund		
Date of Report (check o	ne):			
April 26, 2017 🔻	July 26, 2017 □	October 25, 2017 □	January 31, 2018 □	
		·		
			d Expenses described above, and imber of Addendum forms being	
Addendum A(s)				
Addendum B(s)				
Addendum C(s)				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
(6) = (111 : 1)			124/17	
(Signature of lobbyist)		• 1	(Date)	
Samuel Le	'wy			
(Print Name of lobbyist)) [

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Everytown for Gun Safety Action Fund
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Everytown for Gun Safety Action Fund
Date of Report (check one):
April 26, 2017 ✓ July 26, 2017 October 25, 2017 January 31, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) 4/24/i7 (Date)
Trint Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	ration: Everytown for Gun	Safety Action Fund
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): Ever	ytown for Gun Safety Acti	on Fund	
Date of Report (check	one):		
April 26, 2017	July 26, 2017 🛚	October 25, 2017 🗆	January 31, 2018 □
	ıms submitted with the		nd Expenses described above, and umber of Addendum forms being
	•		
Addendum B(s	5).		
Addendum C(s	i).		
I hereby swear or affire complete to the best of			nt and each Addendum is true and
(Signature of lobbyist)	9		4/24/17 (Date)
Amy Brac	Hey		
(Print Name of lobbyis	t)		